(b) Yes. Four cases each from Maharashtra and Assam were also reported during 2008.

(c) Yes. The Measles vaccines administered .in Tamil Nadu and Assam, which resulted death cases, were manufactured by Human Biologicals Institute, Hyderabad which is a Division of Indian Immunologicals Limited, a wholly owned subsidiary of the National Dairy Development Board.

(d) The unit has imported working seed lot (Edmonston-Zagreb strain) from Institute of Immunology, Zagreb, Croatia for the manufacturing of live attenuated measles vaccine.

(e) and (f) No.

Pregnancy related deaths

3108. SHRI MAHENDRA MOHAN:
SHRIMATI MOHSINA KIDWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that an estimated 141,000 women die every year during pregnancy or child birth in the country;

(b) whether Government is also aware that poverty and poor nutrition resulting in high levels of anaemia in pregnant women is one of the reasons for these deaths;

(c) if so, what has been done to provide nutrition and safe environment and hygiene to the women in the healthcare centres particularly in rural region; and

(d) what has been done under NRHM in this regard particularly in Uttar Pradesh, Jharkhand and Chhattisgarh and the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) For estimates on maternal mortality, this Ministry relies on the survey reports released by the Office of the Registrar General of India (RGI). As per the latest estimates of Maternal Mortality Ratio (MMR) from the (RGI) – Sample Registration System (SRS), the MMR of India is 254 per 100,000 live births (2004-06). However, **absolute number of maternal deaths per year is not available from RGI**. The latest MMR translates into an approximate number of 67,000 maternal deaths per year.

The causes of maternal deaths as per RGI-SRS (2001-03) are Haemorrhage (38%), Puerperal Sepsis (11%), Obstructed Labour (5%), Abortions (8%), Toxaemia of Pregnancy (5%) and Others (34%). Causes listed as "Others" include Anaemia.

As per the-National Family Health Survey 3 (NFHS-III, 2005-06), the prevalence of anaemia is higher in rural areas, among illiterate women, those from low income families and from scheduled castes and scheduled tribes. Details of NFHS-III findings are given in the Statement (*See* below).

The National Rural Health Mission (NRHM) with the Reproductive and Child Health Programme Phase-II (RCH-II) under its umbrella, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States, which includes Uttar Pradesh, Jharkhand and Chhattisgarh, especially to the poor and vulnerable sections of population with the ultimate objective of reducing Infant Mortality, Maternal Mortality and Total Fertility Rates. NRHM also addresses the issue of health in a sector-wide manner addressing sanitation and hygiene, nutrition and safe drinking water at health facilities.

The key strategies and interventions being implemented by the Government under NRHM for reduction of Maternal Mortality Ratio including prevention and treatment of anaemia are:—

- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women;
- Operationalizing round the clock facilities for delivery services in the public sector, at 24 × 7 PHCs and First Referral Units (FRUs) including District Hospitals, Sub-district Hospitals, Community Health Centres and other institutions
- Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section
- Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.
- Organizing Village Health and Nutrition Days (VHNDs) at Anganwadi Centres which also includes health and nutrition-education to pregnant and lactating mothers.
- Providing Supplementary nutrition to pregnant and lactating mothers at Anganwadi Centres under the Integrated Child Development Services Scheme (ICDS) of the Ministry of Women and Child Development.
- Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women.
- Systems strengthening of health facilities through flexi funds at Sub Centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs).

Statement

Distribution of anaemia among women by types (NFHS-III) 2005-06

Background	% of women with any anaemia	Mild anaemia	Moderate anaemia	Severe anaemia
AGE-WISE				
15-19 years	55.8	39.1	14.9	1.7
20-29 years	56.1	38.5	16.0	1.7
30-39 years	54.2	38.1	14.4	1.8
40-49 years	55.0	38.9	14.1	2.0
RESIDENCE				
Urban Resident	50.9	35.8	13.6	1.5
Rural Resident	57.4	39.8	15.7	1.9
EDUCATION				
Illiterate	60.1	40.8	17.2	2.1
High School and above	44.6	33.9	9.9	0.9
CASTE/TRIBE				
Scheduled Caste	58.3	39.3	16.8	2.2
Scheduled Tribe	68.5	44.8	21.3	2.4
Other Backward Class	54.4	38.2	14.5	1.7
Other	51.3	37.0	12.9	1.4
MATERNITY STATUS				
Pregnant	58.7	25.8	30.6	2.2
Breastfeeding	63.2	44.9	16.6	1.7
Non pregnant/non-breastfeeding	53.2	37.9	13.5	1.7
RELIGION				
Hindu	55.9	39.1	15.0	1.8
Muslim	54.7	38.3	15.1	1.3
Christians	50.3	32.0	16.2	2.2
Sikh	39.2	27.6	10.3	1.3
Jain	38.8	29.9	8.0	0.9
Buddhists/Neo-Buddhist	52.5	35.4	15.2	1.9
Others	71.7	49.5	19.9	2.3